

4. Hirasaki S, Matsubara M, Ikeda F, et al. Gastric inflammatory fibroid polyp treated with *Helicobacter pylori* eradication therapy. *Intern Med* 2007;46:855-8.
5. Mori M, Tamura S, Enjoji M, et al. Concomitant presence of inflammatory fibroid polyp and carcinoma or adenoma in the stomach. *Arch Pathol Lab Med* 1988;112:829-32.
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## Malfunctioning covered biliary metallic stents: ineffective trimming or effective removal?

To the Editor:

We read with interest the article by Christiaens et al<sup>1</sup> on endoscopic argon plasma trimming of malfunctioning metallic stents. Although all 5 uncovered stents were cut successfully, an attempt to trim one covered stent failed. The authors concluded that argon plasma trimming of uncovered stents is effective, but trimming of covered stents is not advocated. However, because uncovered stents cannot be removed and are associated with tumor ingrowth,<sup>2-4</sup> covered stents are becoming widely used, even though they may easily migrate.<sup>5</sup> We therefore believe that an effective alternative to argon plasma trimming is required for malfunctioning covered stents.

Christiaens et al<sup>1</sup> encountered 2 patients with biliary metallic stents migrated distally, with impaction against the contralateral duodenal wall, and they cut the uncovered stents successfully.<sup>1</sup> Argon plasma trimming of such uncovered stents was also reported in 5 other patients.<sup>2,6</sup> In another large study,<sup>3</sup> all 30 uncovered stents were trimmed with argon plasma, but one covered biliary stent could not be shortened. Although argon plasma was successfully used to trim 3 covered biliary stents in animals,<sup>4</sup> successful argon plasma trimming of covered stents has not been described in humans. The covering polyurethane membrane is closely linked to the mesh structure and prevents the current transmission required for stent trimming.<sup>3</sup>

Endoscopic removal of distally migrated and impacted biliary metallic stents is extremely difficult.<sup>5,7,8</sup> For successful endoscopic removal of such covered stents, we have reported an open-biopsy-forceps technique, a simple, rapid, and effective method.<sup>5</sup> A closed biopsy forceps is advanced through the stent mesh and opened within the stent, forming an "anchor" inside the stent. Upon withdrawal of the endoscope, the stent can be easily dislodged from the duodenum. For patients with malfunctioning covered biliary metallic stents, biliary endoscopists should consider this technique before endoscopic trimming or surgical removal.

**Mitsunobu Matsushita, MD**  
**Kazushige Uchida, MD**  
**Makoto Takaoka, MD**  
**Akiyoshi Nishio, MD**  
**Kazuichi Okazaki, MD**

*Third Department of Internal Medicine  
 Kansai Medical University  
 Osaka, Japan*

## REFERENCES

- Christiaens P, Decock S, Buchel O, et al. Endoscopic trimming of metallic stents with the use of argon plasma. *Gastrointest Endosc* 2008;67:369-71.
- Guda NM, Freeman ML. Endoscopic transaction of distally migrated biliary self-expanding metallic stents by using argon plasma coagulation: a report of 2 cases (with video). *Gastrointest Endosc* 2006;63:512-4.
- Vanbiervliet G, Piche T, Caroli-Bosc FX, et al. Endoscopic argon plasma trimming of biliary and gastrointestinal metallic stents. *Endoscopy* 2005;37:434-8.
- Chen YK, Jakribettuu V, Springer EW, et al. Safety and efficacy of argon plasma coagulation trimming of malpositioned and migrated biliary metal stents: a controlled study in the porcine model. *Am J Gastroenterol* 2006;101:2025-30.
- Matsushita M, Takakuwa H, Nishio A, et al. Open-biopsy-forceps technique for endoscopic removal of distally migrated and impacted biliary metallic stents. *Gastrointest Endosc* 2003;58:924-7.
- Demarquay JF, Dumas R, Peten EP, et al. Argon plasma endoscopic section of biliary metallic prostheses. *Endoscopy* 2001;33:289-90.
- Matsushita M, Uchida K, Okazaki K. Open-biopsy-forceps technique for removing biliary metallic stents that have migrated distally and wedged transversely in the duodenum. *Endoscopy* 2007;39:570.
- Matsushita M, Takakuwa H, Matsubayashi Y, et al. Distally migrated and impacted biliary metallic stents: removal versus trimming. *Endoscopy* 2005;37:677.

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## Narrow-band imaging in addition to a transparent hood for much more polyp detection

To the Editor:

We read with interest the article by Rastogi et al<sup>1</sup> on a prospective pilot study to evaluate narrow-band imaging (NBI) for the detection and histologic diagnosis of colorectal polyps. In that study, NBI detected 41% more polyps than polyps detected during conventional colonoscopy, and NBI had the potential of differentiating hyperplastic from adenomatous polyps. Although the authors showed the feasibility of more polyp detection with NBI than with conventional colonoscopy, we believe that a simple additional technique can detect many more polyps.

Although colonoscopy is preferred both for the detection and removal of colorectal adenomatous polyps and to prevent subsequent colorectal cancers,<sup>2</sup> some polyps, and even cancers, may be missed during colonoscopy because they lie outside the visual field, behind the folds. With CT colonography simulation,<sup>3</sup> the percentage of colorectal surface visualized by conventional colonoscopy is 86.6%. Therefore, improved colonoscopic techniques with careful visualization of the proximal side of the folds are required. Rastogi et al<sup>1</sup> agree that the use of a transparent hood attached to the tip